

TERMINATION REQUEST
City of Fayetteville Water and Sewer Department

SERVICE ADDRESS:		RES/BUS:	
------------------	--	----------	--

NAME ON ACCOUNT:		SS/TAX #	
------------------	--	----------	--

MAILING ADDRESS:	STREET		CITY		ST		ZIP	
(FOR FINAL BILL)								

TERMINATION DATE:	
-------------------	--

IS THERE A GARBAGE CART?	YES		NO			RECYCLE BIN?	YES		NO	
--------------------------	-----	--	----	--	--	--------------	-----	--	----	--

IF RENTAL PROPERTY	OWNER NAME:							
OWNER ADDRESS:	STREET		CITY		ST		ZIP	

OFFICE USE ONLY

REVERT TO:	OWNER		CITY		NEW		
------------	-------	--	------	--	-----	--	--

RATE CODE:	I/S		O/S		W/S		W		S	
------------	-----	--	-----	--	-----	--	---	--	---	--

PRIOR:		SERIAL #:	
MIU#:		ACCT#:	
GARBAGE STATUS:		W/W DATE:	

OLD CUSTOMER ACCT#	
460-1989 BRANDYWINE	
461-0816 CLARENDON PLACE	
719-9477 COBBLESTONE	
461-0816 GLENCOE APTS	
460-1491 WEATHERLY WALK	

READING:		ENTERED BY:	
----------	--	-------------	--